

# Application for Certification

## Section of Community Health and Emergency Medical Services

PO Box 110616, Juneau, AK 99811-0616

(907) 465-3027 FAX: (907) 465-6736

<http://www.chems.alaska.gov>

I am applying for certification as an: ☐ EMT-I ☐ EMT-II ☐ EMT-III

Name:	SSN:
Address:	Date of Birth:
	Home Phone:
Gender (Optional):    Male    Female	Work Phone:
Occupation:	E-mail Address:
EMS Affiliation/s:	
Ethnic Origin (Optional): White    Black    Hispanic    American Indian    Alaska Native    Asian or Pacific Islander    Other: _____	

### ***Primary Use of EMT Skills (Optional)***

Please check only ONE of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Ambulance Service    | <input type="checkbox"/> Fire Department or Rescue Service    |
| <input type="checkbox"/> Industrial First Aid | <input type="checkbox"/> Back Country / Wilderness Use        |
| <input type="checkbox"/> Athletic Events      | <input type="checkbox"/> Law Enforcement                      |
| <input type="checkbox"/> Ski Patrol           | <input type="checkbox"/> Community Health Aide / Practitioner |
| <input type="checkbox"/> Military             | <input type="checkbox"/> Other: _____                         |

Are you paid for performing EMS? ☐ Full Time ☐ Part Time ☐ Not Paid

## ***CRIMINAL HISTORY QUESTIONS***

***Must be completed by all applicants***

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been convicted of a violation of federal or state law, <u>excluding minor traffic violations</u> , within the last <b>fifteen</b> years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a violation of federal or state law pertaining to medical practice or drugs?                                      |

If you marked "YES" in response to either of the preceding two questions, please refer to the "Instructions for Affidavits" below.

### **INSTRUCTIONS FOR AFFIDAVITS**

PLEASE READ THIS SECTION COMPLETELY:

1. **All individuals who responded "YES" to either of the two questions** above on this application must submit a signed affidavit with this application for certification. The affidavit must include:
  - the specific date of the conviction;
  - the official name of the crime(s);
  - the sentencing or treatment requirements imposed;
  - the status of sentencing or treatment required; and
  - any other information you believe is germane to your application for EMT certification.

The affidavit must be signed in the presence of a notary public, postmaster, clerk of court, judge, magistrate, state trooper or authorized state employee or EMS certifying officer.

The Section of Community Health and EMS reserves the right to require the submission of relevant court documents prior to determining whether a certificate should be issued.
2. **In addition, applicants who responded "YES"** to the question regarding convictions for violating a federal or state law must obtain and submit the results of a criminal record check from the Alaska Department of Public Safety. The record check must have been completed within the 90 days preceding the date of application. If the criminal conviction was for a traffic related offense, a driving history from the Department of Public Safety also must be submitted. The driving record must have been completed within the 90 days preceding the date of application.

**Failure to disclose convictions may be considered "fraud or deceit in obtaining a certificate" and is, in itself, grounds for the suspension, revocation, or refusal to issue a certificate.**

<b><i>Training Program Information</i></b>	
Location of Program:	Completion Date:
Name of Instructor:	Course Number:
Date of Written Examination for Certification:	Date of Practical Examination for Certification:
<b><i>CPR Verification</i></b>	
I verify that the individual named on the first page of this application has provided evidence of a valid CPR card from the American Heart Association, American Red Cross, or other CPR training agency approved by the Department of Health and Social Services in accordance with 7 AAC 26.985. The CPR card evidenced successful completion of a course which taught adult, child, and infant CPR and airway obstruction skills, including two rescuer CPR and barrier devices.	
Signature of Instructor:	Date:
<b><i>ETT Verification (Sign only when using the ETT-to-EMT Bridge training course option)</i></b>	
I verify that the individual named on the first page of the application has provided evidence of a valid ETT card signed by a certified ETT instructor.	
Signature of Instructor or Certifying Officer:	Date:

## ***SKILLS VERIFICATION***

This is to verify that \_\_\_\_\_ successfully completed a department-approved training program on \_\_\_\_/\_\_\_\_/\_\_\_\_, and is eligible to take the Alaska written and practical examinations for certification. Further, this verifies that the above named individual has successfully completed the skills required in the Alaska Skill Sheets to my satisfaction as a department approved EMT Instructor and in accordance with the State of Alaska Skill Sheets, and/or applicable standards established by the American Heart Association.

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Level of Class

**This section of the form must be completed prior to taking the written and practical examinations for certification and must be brought to the certification examination site.**

## ***EMT-II and EMT-III Applicants***

**MEDICAL DIRECTOR RESPONSIBILITIES: CERTIFIED PERSONS.** (a) A medical director's approval of standing orders for a state-certified EMT-I, EMT-II or EMT-III for the activities outlined in 7 AAC 26.040 and 7 AAC 26.540 must be in writing. Additional medications or procedures not listed in 7 AAC 26.040 or 7 AAC 26.540 may be approved by direct voice contact with an on-line physician, or by written standing orders from the medical director in accordance with 7 AAC 26.670.

- (b) The medical director for a state certified EMT-I, EMT-II or EMT-III shall
- 1) provide direct or indirect supervision of the medical care provided by each state certified EMT-I, EMT-II, or EMT-III;
  - (2) establish and annually review treatment protocols;
  - (3) approve medical standing orders that delineate the advanced life-support techniques that may be performed by each state certified EMT-II or EMT-III and the circumstances under which the techniques may be performed;
  - (4) provide quarterly critiques of patient care provided by the EMT-I, EMT-II or EMT-III, and quarterly on-site supervisory visits; the department will, in its discretion, grant a written waiver of this requirement based on difficult geographic, transportation, or climatic factors; and
  - (5) approve a program of continuing medical education for each state certified EMT supervised.

I, \_\_\_\_\_, as physician medical director, support the recertification of

\_\_\_\_\_ at the EMT-\_\_\_\_\_ level and will continue to perform the duties of a physician medical director as outlined above.

\_\_\_\_\_  
Signature of Medical Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Medical Director

### ***Important Notes Regarding This Application***

The information contained in this application for certification, and in your permanent EMS certification record at the State EMS Office, is considered a "Public Record" and is not protected from disclosure by law. By completing this application and signing it in the presence of a Notary Public or EMS Certifying Officer, you are confirming the accuracy of the information entered on the application.

Your EMS certification records may be retained in electronic, paper, and/or microfilm formats. You have the right to request a copy of your records at any time. Any individual has the right to inspect and copy public records under reasonable rules and during regular office hours. All requests must be made in writing. Information which is non-disclosable will not be made available.

The Department may charge a fee for searching and copying its records in accordance with AS 09.25.110 and 6 AAC 95.130.

It is the responsibility of the applicant to keep the Department informed of his or her current mailing address. The Department will send correspondence, including applications for recertification, to the address on file.

If an individual believes information contained in his or her certification records is incorrect, the individual should notify the Section of Community Health and EMS, in writing, of the perceived error.

For more information about public records in Alaska, the reader is directed to review AS 09.25.110 - 09.25.220 and 6 AAC 95.010 – 6 AAC 95.900.

## ***RELEASE OF INFORMATION AND VERIFYING SIGNATURE***

I, \_\_\_\_\_, residing at \_\_\_\_\_

\_\_\_\_\_, authorize the Department of Health and Social Services, Section of Community Health and Emergency Medical Services, to examine my education records and any law enforcement records pertaining to me, and to discuss them with persons having possession of them. I also expressly permit and authorize release of such records pertaining to me to the Department of Health and Social Services, Section of Community Health and Emergency Medical Services.

I request that, upon presentation of this release, or a true copy, that you provide copies of those records to the Section of Community Health and EMS and/or representatives of the office of the Attorney General of the State of Alaska.

I authorize the Section of Community Health and EMS to discuss my records with persons or organizations which are considered appropriate by the Section in connection with an official investigation, and to provide copies of my records to those persons or organizations, if appropriate.

I understand that records disclosed to the department may become part of a public record and may not be protected from further disclosure by law.

This authorization is given expressly in connection with my application for certification as an Emergency Medical Technician, Defibrillator Technician or EMS Instructor in Alaska., This authorization expires one year from the date of my signature or at the expiration of my certification, whichever is last.

I certify under penalty of perjury that the foregoing is true and accurate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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1. **(IN THE PRESENCE OF A NOTARY PUBLIC, POSTMASTER, CLERK OF COURT, JUDGE, MAGISTRATE, STATE TROOPER OR AUTHORIZED STATE EMPLOYEE, IF SUCH OFFICIAL IS AVAILABLE, APPLICANT MUST SIGN HERE.)**

THIS IS TO CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me appeared \_\_\_\_\_ to me known and known to me to be the person named in and who executed the foregoing instrument and acknowledged voluntarily signing and sealing the same.

\_\_\_\_\_ My Commission Expires \_\_\_\_\_

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(2) **(IF THERE IS NO NOTARY PUBLIC, POSTMASTER, CLERK OF COURT, JUDGE, MAGISTRATE, STATE TROOPER OR AUTHORIZED STATE EMPLOYEE AVAILABLE, APPLICANT AND CERTIFYING OFFICER MUST SIGN HERE.)**

I certify under penalty of perjury that the foregoing is true and accurate. No Notary Public, Postmaster, Clerk of the Court, Judge, Magistrate, State Trooper or authorized State employee is available.

\_\_\_\_\_  
Signature of State Approved  
EMS Certifying Officer

\_\_\_\_\_  
Location

# ***APPLICATION CHECKLIST***

## **All Applicants**

- ☐ Completed application for certification
- ☐ Copy of CPR credential or signed verification
- ☐ Copy of ETT credential or signed verification (if using the ETT-to-EMT Bridge option); and
- ☐ \$25.00 testing fee.